

HEALTH CARE PLANNER



This Book Belongs To

MEDICAL HISTORY

NAME		ALLERGIES	
AGE			
BLOOD GROUP		CHRONIC CONDITIONS	
PRIMARY DOCTOR			

[illegible]

FAMILY MEDICAL HISTORY

NAME			
AGE		BLOOD SUGAR	
CHRNIC CONDITION			

[illegible]

CHILD INFORMATION

BASIC INFORMATION			
FIRST NAME		MIDDLE NAME	
SURENAME		DATE OF BIRTH	
MOTHER'S NAME			
FATHER'S NAME			
CUSTODIAL PARENT			
NON-CUSTODIAL PAREN			

APPEARANCE & MEDICAL			
GANDER		RACE/ETHNICITY	
EYE COLOR		HAIR COLOR	
HEIGHT		WEIGHT	
BLOOD TYPE			
MEDICAL NEEDS/ CONDITION			

CONTACT INFORMATION			
PRIMARY CONTACT		PRIMARY RESIDENC WITH	
MOBILE NUMBER		OTHER NUMBER	
RESIDENTIAL ADDRESS		WEIGHT	
SCHOOL			
SCHOOL CONTACT			
SCHOOL ADDRESS			

MEDICAL CONTACTS

PRIMARY PHYSICIAN

NAME	
CONTACT NO	
EMAIL ADDRESS	
ADDRESS	

DENTIST

NAME	
CONTACT NO	
EMAIL ADDRESS	
ADDRESS	

EYE DOCTOR

NAME	
CONTACT NO	
EMAIL ADDRESS	
ADDRESS	

GYNECOLOGIST

NAME	
CONTACT NO	
EMAIL ADDRESS	
ADDRESS	

OTOLARYNGOLOGIST

NAME	
CONTACT NO	
EMAIL ADDRESS	
ADDRESS	

SPECIALISTS

SPECIALISTS:

NAME	
CONTACT NO	
EMAIL ADDRESS	
ADDRESS	

SPECIALISTS:

NAME	
CONTACT NO	
EMAIL ADDRESS	
ADDRESS	

SPECIALISTS:

NAME	
CONTACT NO	
EMAIL ADDRESS	
ADDRESS	

SPECIALISTS:

NAME	
CONTACT NO	
EMAIL ADDRESS	
ADDRESS	

SPECIALISTS:

NAME	
CONTACT NO	
EMAIL ADDRESS	
ADDRESS	

IMPORTANT CONTACTS

[illegible]

MEDICAL APPOINTMENTS

[illegible]

DOCTOR VISIT

[illegible]

SURGICAL HISTORY

[illegible]

EYE CARE VISIT HISTORY

[illegible]

HEALTH DISCUSSION POINTS

[illegible]

MEDICAL SPENDING RECORDS

[illegible]

HEALTH INSURANCE RECORDS

[illegible]

HEALTH INSURANCE

INSURED PERSON			
COMPANY		START DATE	
POLICY NUMBER		END DATE	
AGENT NUMBER		AGENT NAME	
DEDUCTIBLE		AGENT PHONE	
POLICY INFORMATION SPECIFIES NOTES			

INSURED PERSON			
COMPANY		START DATE	
POLICY NUMBER		END DATE	
AGENT NUMBER		AGENT NAME	
DEDUCTIBLE		AGENT PHONE	
POLICY INFORMATION SPECIFIES NOTES			

INSURED PERSON			
COMPANY		START DATE	
POLICY NUMBER		END DATE	
AGENT NUMBER		AGENT NAME	
DEDUCTIBLE		AGENT PHONE	
POLICY INFORMATION SPECIFIES NOTES			

MY HEALTHCARE PROVIDERS

SPECIALITY			
NAME		PHONE	
ADDRESS			
PATIENT PORTAL WEBSITE			
USER NAME		PAASSWORD	
NOTES:			

SPECIALITY			
NAME		PHONE	
ADDRESS			
PATIENT PORTAL WEBSITE			
USER NAME		PAASSWORD	
NOTES:			

SPECIALITY			
NAME		PHONE	
ADDRESS			
PATIENT PORTAL WEBSITE			
USER NAME		PAASSWORD	
NOTES:			

VACCINE RECORDS

[illegible]

HOSPITAL VISITS

[illegible]

MEDICAL TESTS RECORD

[illegible]

LAB WORK

LAB WORK	
DATE	
RESULT	
NOTES	

LAB WORK	
DATE	
RESULT	
NOTES	

LAB WORK	
DATE	
RESULT	
NOTES	

LAB WORK	
DATE	
RESULT	
NOTES	

LAB WORK	
DATE	
RESULT	
NOTES	

LAB WORK	
DATE	
RESULT	
NOTES	

LAB WORK	
DATE	
RESULT	
NOTES	

LAB WORK	
DATE	
RESULT	
NOTES	

BLOOD SUGAR TRACKER

FRIDAY	MEALS	1 HR	2 HR	3 HR
	BREAKFAST:			
	LUNCH:			
	DINNER:			
	NOTES:			

SATURDAY	MEALS	1 HR	2 HR	3 HR
	BREAKFAST:			
	LUNCH:			
	DINNER:			
	NOTES:			

[illegible]

MIGRAINE TRACKER

[illegible]

DAILY MEDICATION LOG

DATE: _____

[illegible]

WEEKLY MEDICATIONS

WEEK OF: _____[illegible]

MONTHLY MEDICATION

MONTH:_____

[illegible]

NOTES

VITAMINS & SUPPLEMENT

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
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VITAMINS

DATES:

[illegible]

SUPPLEMENT

DATES:

[illegible]

MEDICATION HISTORY

[illegible]

WEEKLY HEALTH LOG

WEEK OF: _____

DAY	VIT/SUP	SLEEP	WATER	CALORISE	WEIGHT	STEPS
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						

HEALTH TRACKER

WEEK OF: _____

SUN	BREAKFAST: LUNCH: DINNER: SNACK:	EXERCISE	WATER 
MON	BREAKFAST: LUNCH: DINNER: SNACK:		
TUE	BREAKFAST: LUNCH: DINNER: SNACK:		
WED	BREAKFAST: LUNCH: DINNER: SNACK:		
THU	BREAKFAST: LUNCH: DINNER: SNACK:		
FRI	BREAKFAST: LUNCH: DINNER: SNACK:		
SAT	BREAKFAST: LUNCH: DINNER: SNACK:		

SLEEP TRACKER

[illegible]

PERIOD TRACKER

[illegible]

YEARLY HEALTH PLANNER

YEAR: _____

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

MONTHLY HEALTH GOALS

MONTHLY APPOINTMENTS

YEAR: _____

JANUARY	FEBRUARY	MARCH
APRIL	MAY	JUNE
JULY	AUGUST	SEPTEMBER
OCTOBER	NOVEMBER	DECEMBER

FIRST AID INFO SHEET

FIRST AID KIT LOCATION:

INVENTORY

ITEM	QTY	ITEM	QTY

HEART AITACK AID

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STROKE AID

--

SEIZURE FIRST AID

--

BURN INJURY FIRST AID

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MEDICAL DOCUMENTS

[illegible]

MEDICAL EXPENSES

[illegible]

TOTAL MEDICAL EXPENSES

[illegible]

NOTES